Department of Health Care Policy and Financing Response To The FY 2008-2009 Encounter Data Validation Report Recommendations

HSAG Recommendations One: The Department should take a leadership role in organizing encounter data work groups to discuss policies and procedures that will ensure high-quality data. Initial meeting topics, held internally, should focus on developing clearer data submission requirements and standards, monitoring measures, and system edits and report. The Department should also use these meetings to prioritize and address issues identified by staff members from different data user sections. Regular meetings should also be held with BHOs and information system staff to address data quality issues and encounter data submission issues. Additionally, solutions related to the inflexibility of system edits can be explored through the use of informational and critical edits allowing for behavioral health innovation.

Department of Health Care Policy and Financing Response: Agree. The Rates Section and Claims Systems Section from the Department have established a workgroup with the Behavioral Health Organizations (BHOs) to address known issues from submitting encounter data to MMIS. Some solutions have already been emailed to the workgroup for errors that are related to policy and system procedures. For errors that require changes in MMIS, the Rates and Claims Systems are currently working together to find solutions, which will be reported to the workgroup, BHO Contractor Meetings, and Health Plans Systems Meetings. In addition the Department has a quarterly meeting discussing managed care technical issues. The quarterly meeting includes Department Program and Claims Systems Section staff. The Department is also developing a website, like Yahoo Groups, that will be accessible by plans and State staff. The site will be used to list frequently asked questions (FAQs) and any technical issues known.

The Departments Rates Section and Claims Systems Representative will continue to address this recommendation in their workgroups with the BHOs.

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HSAG Recommendation Two: The Department should encourage the BHOs to work with their provider networks to ensure that services provided to their clients (including all visits and associated diagnoses/procedures) are fully documented in the behavioral health record and submitted to the Department. Since date of service omission rates appeared to be higher among inpatient and outpatient services, BHOs discuss and educate, as appropriate, institutional providers on how dates of services should be submitted in the encounter for each service episode. The Department should also work with BHOs to clearly identify and document different service types. Additionally, regular provider training and continuing education should be conducted to ensure all providers are aware of required/covered behavioral health services, and how to appropriately translate services into HIPAA compliant codes.

Department of Health Care Policy and Financing Response: Agree. The Department has followed up with the BHOs to understand their timeline and processes to ensure services are documented in the behavioral health records, submissions to the Department are accurate, and institutional providers are trained. The Department expects each BHO to begin working on this recommendation July 1, 2009.

To address the second part of this recommendation the Department has issued a solicitation for a contractor to develop uniform service coding standards. The providers and BHOs will be required to abide by the standards and the recommendation above will be addressed through the standards. The contractor has been selected and has begun work on the coding standards. The Departments Rates Section will follow up with the BHOs once the standards are completed and address concerns they may express.

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HSAG Recommendation Three: Although both diagnosis and procedure code omission rates were generally below 10 percent, there was still room for improvement in submitting the complete list of diagnoses and procedure codes associated with a service episode. The Department should work with the BHOs to ensure State requirements regarding the submission of complete and accurate encounter data are understood and integrated into the BHOs' internal processing of encounters. In the case of diagnosis and procedure code accuracy (81.6 percent), the BHOs should work with providers to enforce and/or enhance current documentation standards to facilitate the accurate submission of encounter data. This activity can be achieved through provider network outreach and continuing education. For the documentation of diagnoses, the BHOs should make sure that contracted providers fully specify and document members' diagnoses to the nearest fifth digit, as appropriate.

Department of Health Care Policy and Financing Response: Agree. The Departments Rates Section and Claims Systems Representative will work with the BHOs concerning the first part of this recommendation via their workgroups. To address the second part of this recommendation the Department has issued a solicitation for a contractor to develop uniform service coding standards. The providers and BHOs will be required to abide by the standards and the recommendation above will be addressed through the standards. The contractor has been selected and has begun work on the coding standards. The Departments Rates Section will follow up with the BHOs once the standards are completed and address concerns they may express. Efforts to complete these task are ongoing.

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HSAG Recommendation Four: As BHOs are still using internal crosswalks to translate services to appropriate HIPAA compliant codes, the BHOs should provide periodic training in using the crosswalk materials, in order to facilitate its appropriate use. BHOs should also regularly review their crosswalk documentation and specifications to ensure it is up-to-date and accurate. This activity should be conducted as part of an internal data quality committee. Further, the lack of sufficient documentation in members' behavioral health records to support the administrative data suggested possible deficiencies in the BHOs' use and application of internal crosswalks. As such, HSAG suggests that BHOs conduct a critical examination of the clinical relevance and reasonableness of the crosswalks. In addition, the BHOs should ensure that crosswalk documents are thoroughly written and include a full description of services, including specific policies and procedures surrounding unit of service determination and the appropriate rounding of time. The BHOs should also encourage providers to retire the use of local service codes and, instead, work toward storing and submitting HIPAA-compliant CPT/HCPCS codes on claims or encounters.

Department of Health Care Policy and Financing Response: Agree. Please note that HIPAA compliant CPT/HCPCS codes already have a defined description and unit of service determination. MMIS can only process and price encounters with HIPAA compliant CPT/HCPCS codes.

The Department has followed up with the BHOs to understand their timeline and processes to ensure adequate provider training, to review crosswalks documentation, to conduct a critical examination of the clinical relevance and reasonableness of the crosswalks, to review policies & procedures surrounding unit of service determination and rounding of time, and to review the retirement of local service codes. In addition the Department may consider doing a final review of the BHO crosswalks once the uniform service coding standards manual has been implemented. The Department expects each BHO to begin working on this recommendation July 1, 2009.

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HSAG Recommendation Five: Slightly over half of the units of service submitted on encounters with valid procedure codes were not supported in the behavioral health records. Corroborating results from the inconsistent coding analysis and behavioral health record review suggest that this may be related to the acceptance of repeated submission of encounters in the MMIS system. Due to the inability of the current system to ascertain whether the "duplicated" encounters refer to the same service transaction, the ability of this study to evaluate unit accuracy rates conclusively was affected. The Department, therefore, should evaluate how the current MMIS system handles the submission of adjusted encounters by BHOs and assesses the impact of the current design on the calculation of performance measures and rate-setting. In addition, the Department should ensure that either BOA or COGNOS decision support systems can accept the BHOs' unique transaction control numbers. The Department should also work with BHOs to identify the root cause for this issue and explore strategies for improvement. If the issue is shown to be related to how BHOs' providers submit claims/encounters, the Department should require BHOs to provide clear language within their provider contracts outlining the submission of claims and adjudicated claims. In addition, the Department should require BHOs to initiate internal processes to evaluate the submission of duplicated claims. This modification can be achieved by submitting the same TCN on submitted encounters to ensure the appropriate overlay of the original encounter in the MMIS system.

Department of Health Care Policy and Financing Response: Agree. The MMIS does contain the BHO's unique transaction control number; however, the number is not passed into the DSS. A Change System Request/project ticket has been opened to add the unique BHO transaction control number in the DSS. When the DSS begins storing the BHO's unique transaction control number, reports can be generated by a COGNOS/BOA user to easily identify the duplicates. This CSR has not been prioritized so a timeline to complete this task cannot be determined at this time. More research is needed to add/update the duplicate check for encounters. The pseudo provider ID limits the MMIS to effectively edit duplicate encounter transactions. The Departments Claims Systems Representative will address this recommendation with the BHOs. These tasks are ongoing.

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HSAG Recommendation Six: The BHOs should encourage their contracted providers to report time and duration information in members' behavioral health records. The clearer documentation of time will facilitate the identification of the appropriate time-based CPT/HCPCS codes by the billing staff. Clearer documentation also supports good practices and service planning. The BHOs could identify examples of clear documentation and organize periodic audits to ensure that service providers are clearly documenting members' services in support of the BHOs' complete and accurate encounter submission to the Department.

Department of Health Care Policy and Financing Response: Agree. The Department has issued a solicitation for a contractor to develop uniform service coding standards. The providers and BHOs will be required to abide by the standards and the recommendation above will be addressed through the standards. The contractor has been selected and has begun work on the coding standards. The Departments Rates Section will follow up with the BHOs once the standards are completed and address concerns they may express. These tasks are ongoing.

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HSAG Recommendation Seven: The Department should consider conducting an in-depth information systems review of the MMIS encounter data system and internal processes. The focus of this review would go beyond the staff interviews conducted in this study and should evaluate internal systems responsible for acquiring, processing, and storing encounter data submitted by the BHOs. As part of this review, the Department should investigate, in collaboration with the BHOs, whether systembased barriers impact the accurate and complete submission of encounter data. Detection of incomplete data fields, questionable data values, or abnormal fluctuations in encounter volume by service type at the initial submission stage may help the BHOs more quickly correct issues dealing with completeness and accuracy. The development of a robust set of data quality measures and methods will help to guide and evaluate the BHOs' ability to submit appropriate data to the Department.

Department of Health Care Policy and Financing Response: The Department requested additional clarification from Health Services Advisory Group to clarify the task under this recommendation. That information was received on May 20, 2009. The HSAG recommendation was clarified into three parts "First, we (HSAG) recommend that the Department should collaborate with BHOs to investigate system-based barriers affecting the accurate and complete encounter data submission." The Department agrees with this portion of the recommendation, "however...the Department is already meeting this requirement. On a quarterly basis, policy and claims systems section have a meeting with the plans to review/go over MMIS or Plans systems issues." HSAG recommended in the second part "several topics beyond current system edits that could be performed by the Department to facilitate the comparison activity suggested above." The Department's response is that "our quarterly meeting with the plans do go beyond the MMIS editing process so we are meeting the second recommendation. We discuss the flat files, the 834 transactions and other systems issues." The third piece of this recommendation is that HSAG "recommends that the Department develop specific data quality measures and methods to hold BHOs accountable for submitting appropriate and complete encounters to the State. This last aspect will involve development of standards and incentives/sanctions." The Department response is that "the MMIS produces a report that State staff can review, which lists the encounters that were accepted and rejected. The plans get the same information in a flat file. Any encounter transaction that doesn't meet MMIS standards, the encounter will report back the specific edit, like client ID not valid." The Departments does not agree that incentives or sanctions are appropriate at this time, but the option to develop incentives or sanctions may be considered at a later date. Portions of this recommendation that the Department agrees with will continued to be worked on by the Claims Systems Representative through his BHO workgroup.

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HSAG Recommendation Eight: The Department should work collaboratively with all
BHOs to develop encounter data quality standards. These standards can then be assessed
annually to ensure that submitted encounter data is of sufficient quality for State
reporting and rate setting. To complement the development standards, the Department
should consider implementing strategies to motivate the BHOs to meet established short-
term and long-term benchmarks. These strategies can include financial incentives or
penalties, or the development of corrective action plans through enhanced monitoring and
reporting. Additionally, it is recommended that the Department develop guidelines for
BHOs to perform ongoing reviews of encounter data quality in order to monitor and
address the quality of data being collected and submitted to the Department's encounter
data system. Ongoing reporting could include additional, targeted reviews of coding
accuracy and other administrative, data-based analyses (i.e., age/gender coding
discrepancies, field accuracy reviews, utilization measures, and encounter timeliness and
volume).

Department of Health Care Policy and Financing Response: Partially Agree. The
Departments Rates Section has established edits currently in place for the Departments
flat file. The Departments Rates Section will be looking to add new edits in the future,
but has not set a date for this task. Please note that the Department's Rates Section
currently uses a corrective action process to address encounters submitted in error via the
flat file.

The Department will continue to use corrective actions to meet established goals, but at
this time the Department does not agree that incentives or penalties are appropriate, but
the option to develop incentives or penalties may be considered at a later date. The
option to develop guidelines as suggest may be considered at a later date. For the
portions of the recommendation that the Department agrees with the Rates Section will
address those portions in their workgroup.